

CSHO ID	Opt Rpt #	Yr.	Insp. No.
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Phone: ()

Occupation: _____ (Male _____) (Female _____)

Employed from: / / **to:** / /

Union: (yes__)(no__) *If yes, Name of Bargaining Unit:* _____
(If known) **Address/Phone:** _____

() Access to Written Program () Access to MSDS Sheets () Labeling System Explained
() Training on Requirements of Standard () Hazards of Chemicals/Precautions for Handling Explained

() Qualified Person () Preparation/Ventilation () Atmospheric Testing
() Permit System () Entry Procedures, Attendant/Non-Attendant
() Training Program () Rescue Teams, Special Equipment and Tools, Rescue Devices

() Written Energy Control Procedures () Proper Use of Tags or Locks
() Training () Effectiveness of Energy Control Procedures

[illegible]

CSHO Signature